

Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet	2	of	2
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Complete if Known

Application Number	10/553,862
Filing Date	10-21-05
First Named Inventor	Koji Tsuchida
Group Art Unit	1785
Examiner Name	T. DICUS
Attorney Docket Number	3273-0215PLUS1

NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner Signature	/Tamra L. Amakwe/
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Date Considered	05/21/10
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TO COMPLETE THIS FORM AND FOR RECOMMENDATIONS FOR REDUCING THIS BURDEN, SHOULD BE SENT TO THE CHIEF INFORMATION OFFICER, U.S. P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

/TLA/

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /T.L.D.